

12/10/01



J1031 U.S. PTO

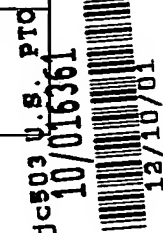
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Docket Number OPV-30341B/D1

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

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 December 10, 2001  
 Date of Deposit

 Address to: Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **divisional** of prior Application No. 09/616,151, filed July 14, 2000.

Applicant (or identifier): GYORGY LAJOS KIS et al.

Title: AUTOCLAVABLE PHARMACEUTICAL COMPOSITIONS  
CONTAINING A CHELATING AGENT

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 13 pages
2. ☐ Drawings - sheets
3. ☐ Declaration and Power of Attorney
  - a. ☐ Copy from a prior application (signed or with indication that original was signed)
  - b. ☒ Unexecuted New Declaration
4. ☐ Incorporation By Reference  
The entire disclosure of the prior application is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. ☐ Microfiche Computer Program (appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Copy
  - ☐ Paper Copy
  - ☐ Statement Verifying Identity of Above Copies
7. ☐ Preliminary Amendment
8. ☐ Assignment Papers (Cover Sheet & Document(s))
9. ☐ English Translation of
10. ☒ Information Disclosure Statement
11. ☐ Certified Copy of Priority Document(s)
12. ☒ Return Receipt Postcard
13. ☐ Other:

- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 09/616,151 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.  
☐ Before calculating the filing fee, please cancel claims

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|                                       |                       |                 |     |                 |   |      |    |      |
|---------------------------------------|-----------------------|-----------------|-----|-----------------|---|------|----|------|
| Basic Filing Fee                      |                       |                 |     |                 |   |      | \$ | 740  |
| Multiple Dependent Claim Fee (\$ 280) |                       |                 |     |                 |   |      | \$ |      |
| Foreign Language Surcharge (\$ 900)   |                       |                 |     |                 |   |      | \$ |      |
|                                       | For                   | Number<br>Filed |     | Number<br>Extra |   | Rate |    |      |
| Extra<br>Claims                       | Total Claims          | 14              | -20 | 0               | x | \$   | 18 | = \$ |
|                                       | Independent<br>Claims | 2               | -3  | 0               | x | \$   | 84 | = \$ |
| TOTAL FILING FEE                      |                       |                 |     |                 |   |      | \$ | 740  |

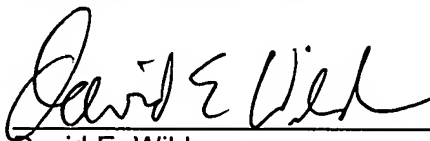
- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$740. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie  
Novartis Corporation  
Patent and Trademark Dept.  
564 Morris Avenue  
Summit, NJ 07901-1027

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (908) 522-6955.

Respectfully submitted,



David E. Wildman  
Attorney for Applicant  
Reg. No. 40,226  
Tel. No. (908) 522-6946

Date: December 10, 2001